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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Douglas B. Moran Examiner: Matthew Heneghan  
Application No.: 09/651,854 Art Unit: 2134  
Filed: August 30, 2000 Docket No.: RECOP013  
Title: System and Method for Using Login Correlations to Detect Intrusions

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in a prepaid envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

10.12.

2004.

*Vicki Lorist*

Vicki Lorist

**RECEIVED**

**OCT 20 2004**

**Technology Center 2100**

**TRANSMITTAL OF AMENDMENT A**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is Amendment A in the above-identified application.

The fee has been calculated as shown below.

	Claims remaining after Amendment		Highest previously paid for	Present Extra	Small Entity			Large Entity	
					Rate	Additional Fee		Rate	Additional Fee
Total Claims	6	Less	20		x \$9 = \$		OR	x \$18 = \$	
Indep Claims	3	Less	6		x \$43 = \$		OR	x \$86 = \$	
[ ] Multiple Dependent claim Present & Fee Not previously paid					x \$145 = \$		OR	x \$290 = \$	
					TOTAL ADD'L FEE \$			TOTAL ADD'L FEE \$	

☒ Applicant(s) hereby petition for a **TWO** month(s) extension of time to respond to the outstanding Office Action.

☐ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the

Application Serial No. 09/651,854

Attorney Docket No. RECOP013

Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-0685. ( ).

- ☒ Enclosed is our Check No. 1445 in the amount of \$430 to cover the additional claim fee and/or extension of time fees.
- ☐ Enclosed is Applicant Initiated Interview Request Form, PTOL-413A.
- ☒ Enclosed are 11 sheets replacement drawings.
- ☐ Please charge Deposit Account No. 50-0685 ( ) in the amount of \$\_\_\_\_\_ to cover the additional claim fee and/or extension of time fees.
- ☒ If the required fees are missing or any additional fees are required during the pendency of the subject application, please charge such fees or credit any overpayment to Deposit Account No. 50-0685 (RECOP013).

Respectfully submitted,

Dated: 10/12/2004

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